ColumBus Transit ADA Comment Form

ColumBus Transit is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. You may also call us at 812-376-2506 TTY call 711 or visit our Transit Depot and Customer Service Center at 850 Lindsey St. Columbus, IN 47201 or contact us by email or U.S. postal mail at the addresses below. Please make sure to provide us with your contact information in order to receive a response.

ColunBus Transit

Transit Coordinator

850 Lindsey St.

Columbus, IN 47201

csetser@columbus.in.gov

(812) 376-2506 telephone

711 – TTY

SECTION I: TYPE OF COMMENT (Choose One)*					
Compliment	Suggestion	n Comp	laint Othe	r:	ADA Related? Y / N
SECTION II: CONTAC	CT INFORMA	TION			
Salutation [Mr./Mrs./Ms., etc.]:					
Name:					
Rider ID (if applicable):					
Street Address:					
City, State, Zip code:					
Phone:			Email:		
Accessible Format Requirements:		Large Print	TDD/Relay	Audio Recording	Other
SECTION III: COMMENT DETAILS					
Transit Service (Choose One) Fixed Route Paratransit					
Date of Occurrence: Time of Occurrence:					
Name/ID of Employee(s) or Others Involved:					
Vehicle ID/Route Name or Number:					
Direction of Travel:					
Location of Incident:					
Mobility Aid Used (if any):					
If above information is unknown, please provide other descriptive information to help identify the employee:					
Description of Incident or Message:					
SECTION IV: FOLLOW UP					
May we contact you if we need more details or information? Yes					No
What is the best way to reach you? (Choose One)*			Phone	Email	Mail
If a phone call is preferred, what is the best day and time to reach you?					
SECTION V: DESIRED RESPONSE (Choose One)*					
- Email response - Telephone response - Response by U.S. Postal Mail					